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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number

09/436,184

Filing Date

11-8-99

Applicant(s)

WANDS et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		1				
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47		1				
48		1				
49		1				
50		1				
Total Indep	11					
Total Depend	27					
Total Claims	38					

* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
Indep	Depend	Indep	Depend	Indep	Depend
51		1			
52		1			
53		1			
54		1			
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66		1			
67		1			
68		4			
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97					
98					
99					
100					
Total Indep		4			
Total Depend		33			
Total Claims		37			

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